

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cecil* ^{Town} *Cecil* ^{County}Date of death *1905* ^{Month} *9* ^{Day} *21* Age ^{Years} *—* ^{Months} *6* ^{Days} *24*Sex *Female* Color or Race *White* Birth-place *Cecil Co. Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Robert L. Alderson* Father's Birthplace *Cecil Co. Md.*Mother's Maiden Name *Ella Warren* Mother's Birthplace *Del.*Name of person giving Information *Robert L. Alderson* How related to deceased *Father*

CAUSES OF DEATH

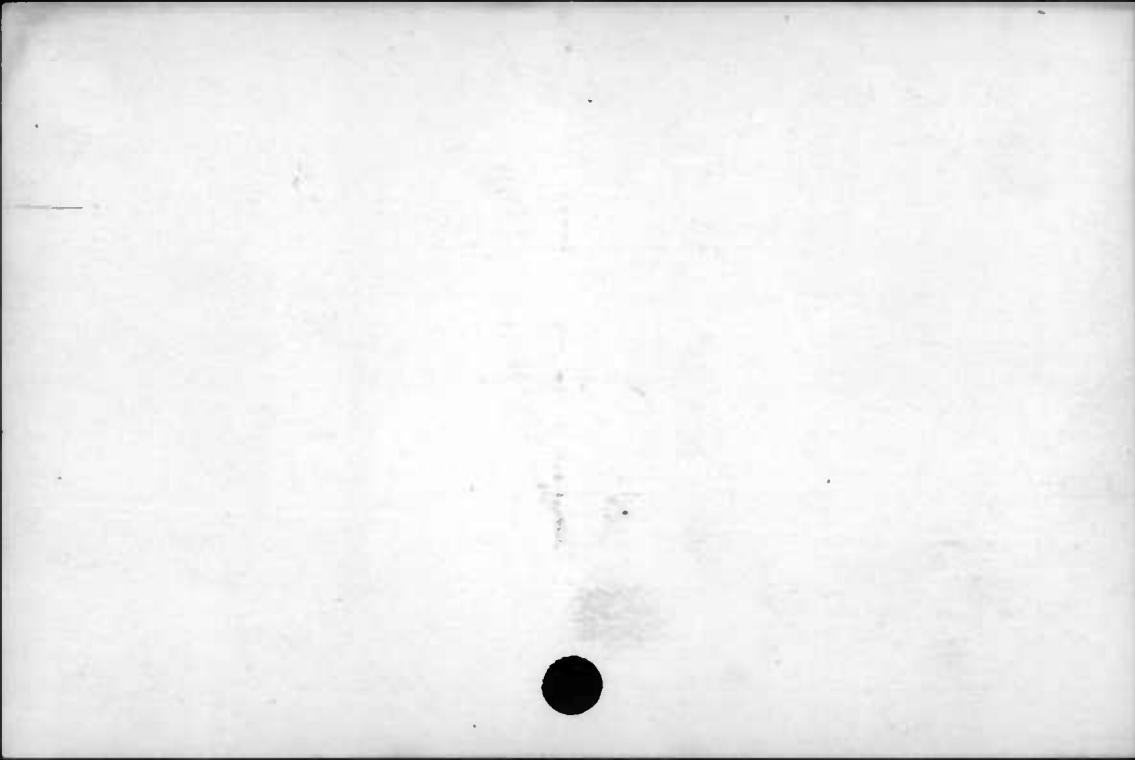
PHYSICIAN
OR CORONERPrimary *Marasmus* *19* How long *3 months*Immediate *11*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

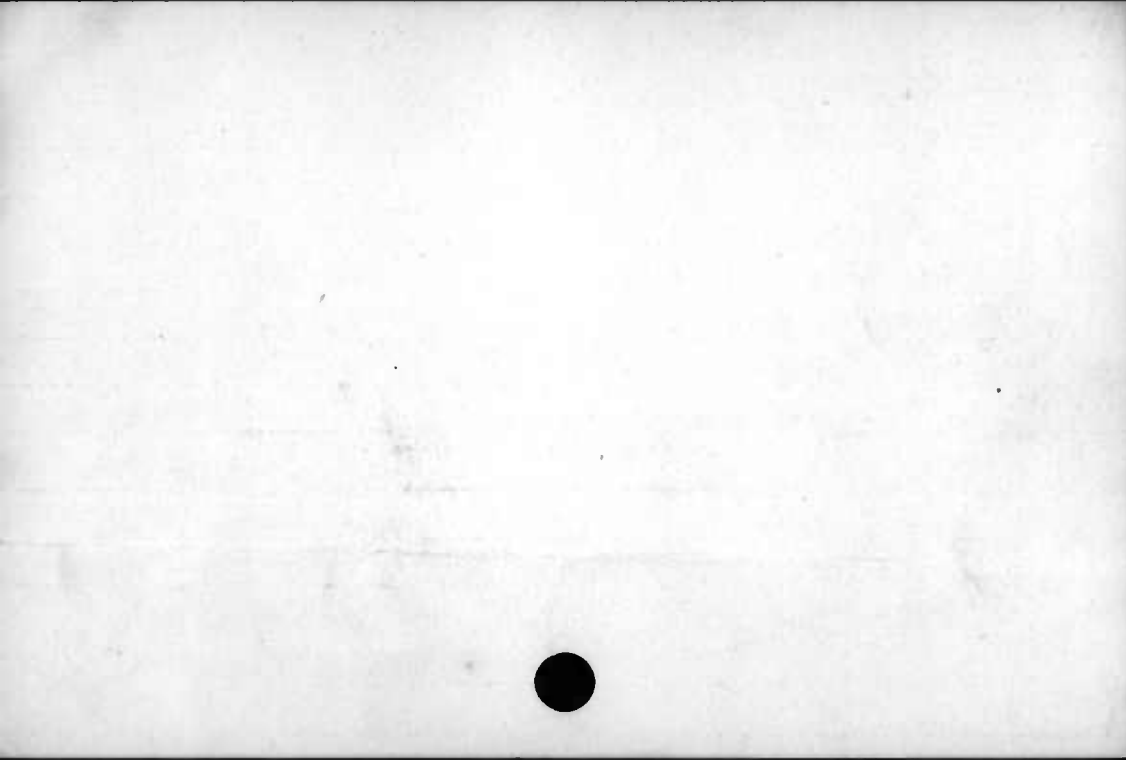
Address

E. N. Crawford
Cecil Co. Md.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Charleston</i> <small>Town</small>		<i>Cecil</i> <small>County</small>	
		Date of death <i>1905 Sept 18</i>		Age <i>1</i> <small>Years</small>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation		Birth-place <i>Charleston</i>	
		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Barrol C. Algard</i>		Father's Birthplace <i>Charleston, S.C.</i>			
Mother's Maiden Name <i>Bland Ross</i>		Mother's Birthplace			
Name of person giving information <i>L. Algard</i>		How related to deceased <i>Grandfather</i>			
PHYSICIAN OR CORONER		CAUSES OF DEATH			
		Primary <i>Heart</i>		How long	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. H. H. H.</i>	
		Address <i>Wm. H. H. H.</i>			
Accident or Suicide?					



Name
in
Full

Thomas Barred

CERTIFICATE OF DEATH

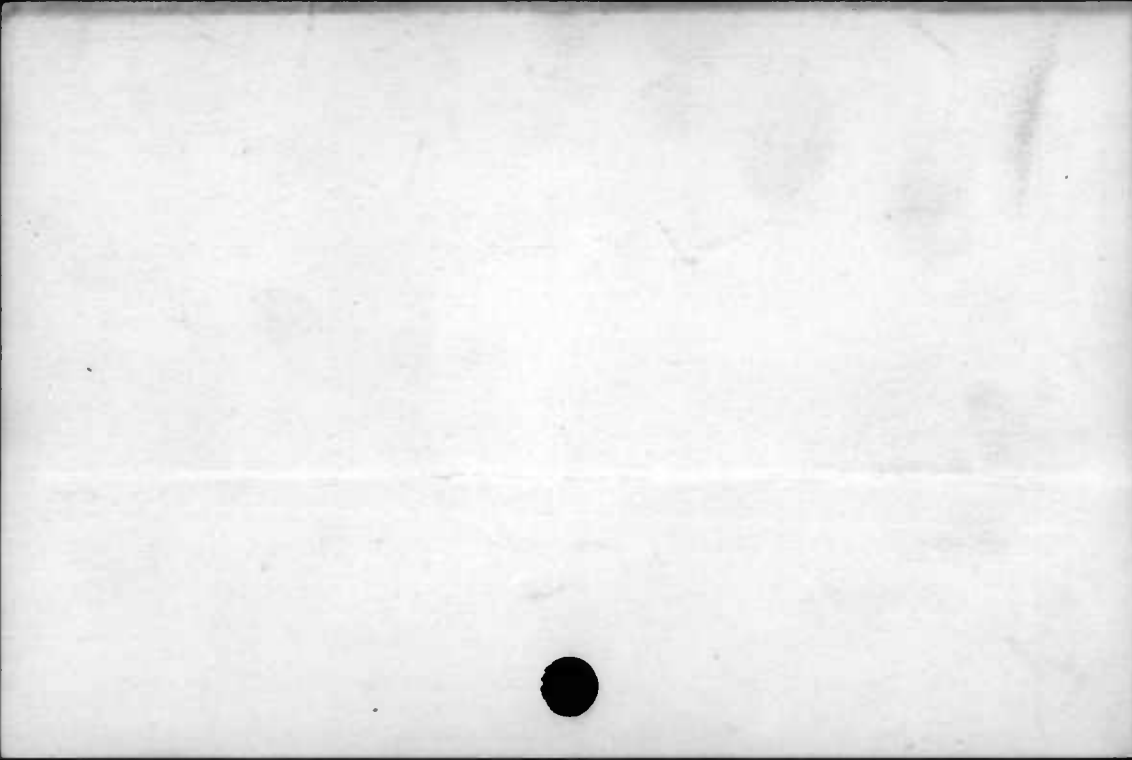
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Conowingo</i>			County <i>Cecil</i>			MARYLAND	
Date of death 190 <i>5</i>	Month <i>9</i>	Day <i>11</i>	Age <i>17</i>	Years	Months <i>9</i>	Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Rock Springs</i>			
Occupation <i>Invalid</i>			Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Don't know</i>				Father's Birthplace <i>✓</i>			
Mother's Maiden Name <i>Mary Jones</i>				Mother's Birthplace <i>Conowingo</i>			
Name of person giving information <i>Gesaw Jones</i>				How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Pul. Hemorrhage</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. M. Rogace</i>
	Address <i>Conowingo</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Sept</i> ^{Month}	<i>14</i> ^{Day}	Age	<i>4</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>A. L. H. Blake</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary E Collins</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>A. L. H. Blake</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteritis (?)</i>	How long <i>(105)</i>
Immediate <i>Meningitis</i>	How long <i>2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell M.D.</i>
	Address <i>Elkton Ind.</i>
<u>Accident or Suicide?</u>	

133



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Cepha

Town

Died at Cicieton

County

Cecil

MARYLAND

Date

of death 1905

Month

9

Day

17

Age

Years

26

Months

—

Days

—

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Cepha

Father's
Birthplace

Maryland

Mother's
Maiden Name

Martha Benton

Mother's
Birthplace

Maryland

Name of person giving
In formation

Frank Wilson

How related
to deceased

None

CAUSES OF DEATH

Primary

Epilepsy

How long

Since birth

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

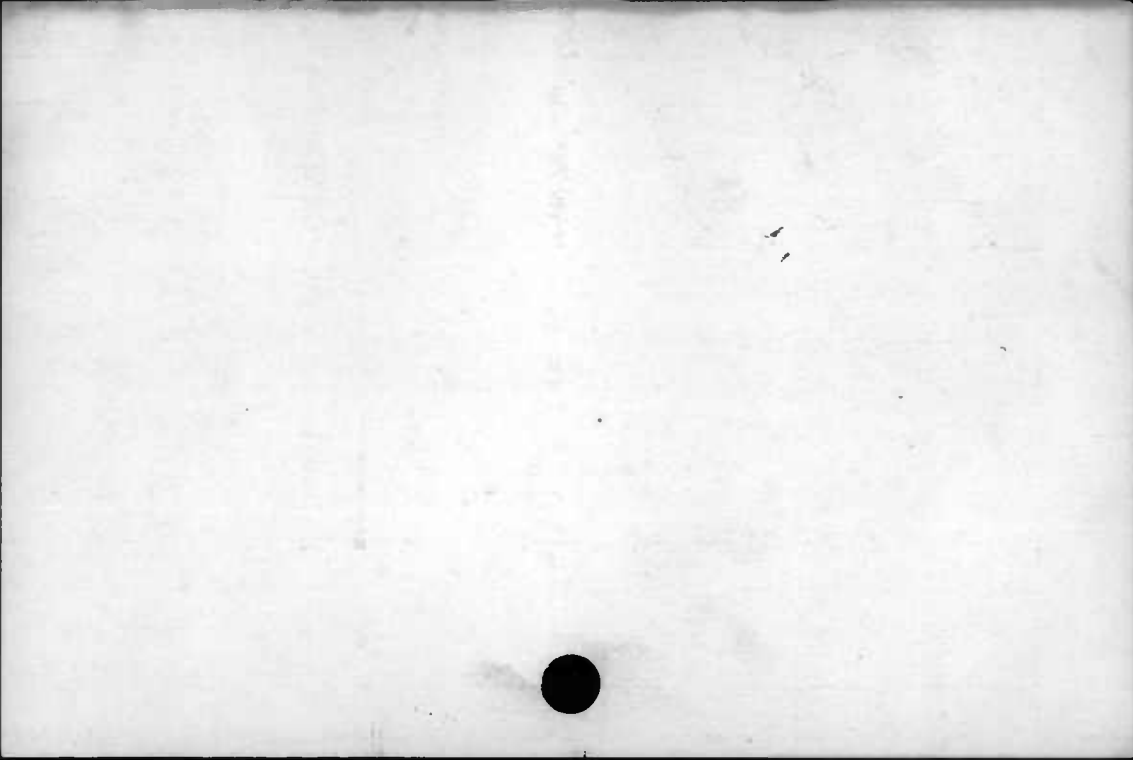
Signature of
Physician

Address

R. M. Black

Cicieton, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

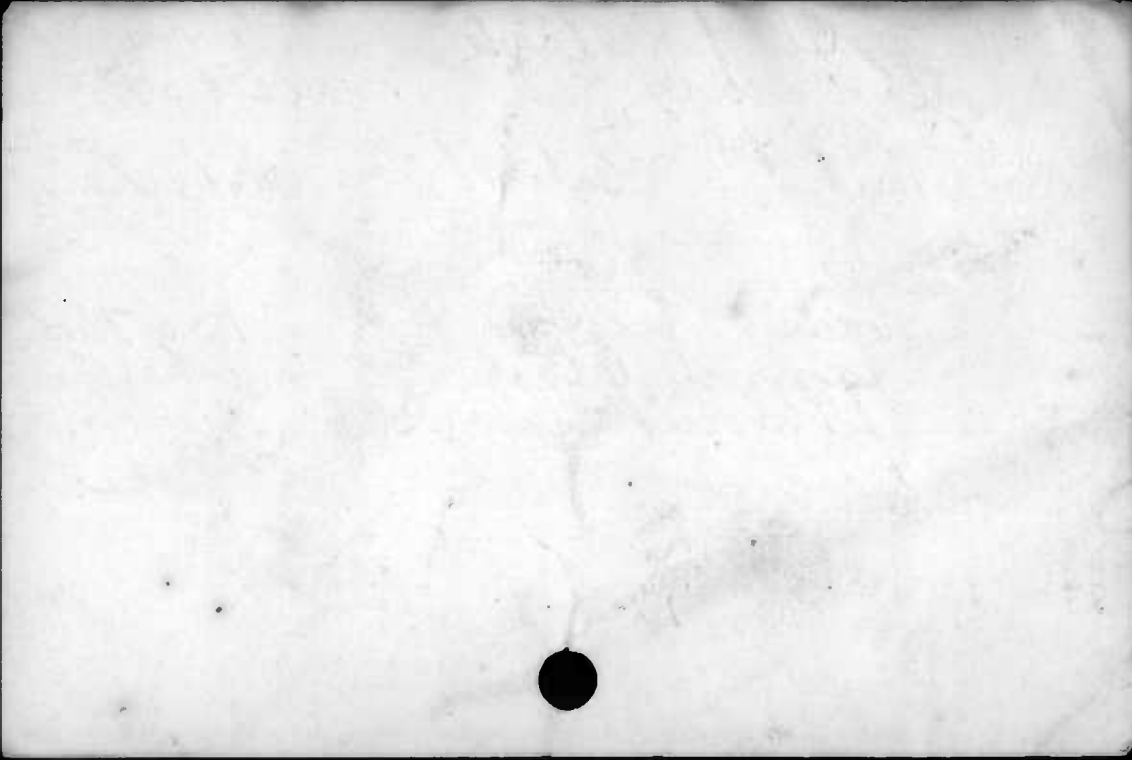
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Richard Clark</i>		County <i>Accot</i>		MARYLAND	
Died at <i>Cakekhen</i>		Town <i>Cakekhen</i>		County <i>Accot</i>	
Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>12</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Cakekhen</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harmon Lewis</i>		Father's Birthplace <i>Port Republic</i>			
Mother's Maiden Name <i>Harriet Clark</i>		Mother's Birthplace <i>Cakekhen</i>			
Name of person giving information <i>Harriet Clark</i>		How related to deceased <i>grandmother</i>			

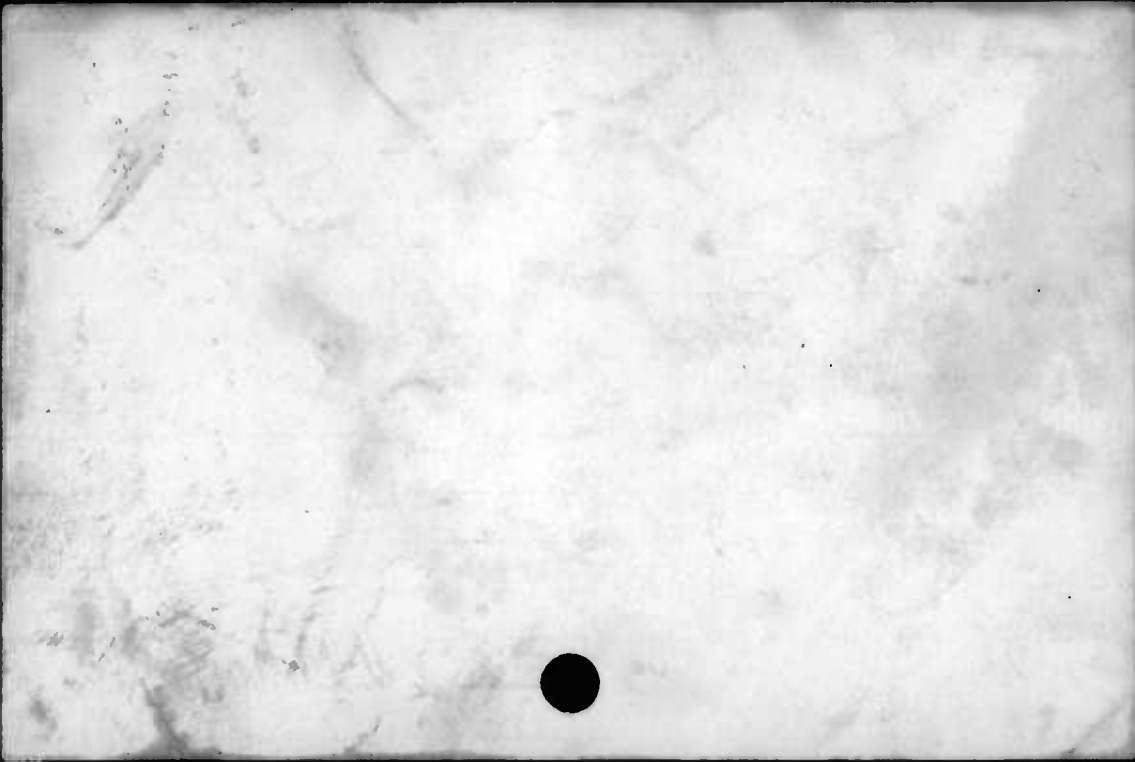
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>		How long <i>2 weeks</i>	
Immediate <i>Heart failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. C. Donahoe</i>	
		Address <i>Port Republic</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at				County		MARYLAND
	Date of death	1904	Month	Day	Age	Years	Months
	Sex	Female	Color or Race	Colored	Birth-place	Cockeys	
	Occupation	House girl			Where Residing if not at place of death		
	Married, Single or Widowed	Single			Name of Wife or Husband		
	Father's Name	Isaac C. Coker			Father's Birthplace	Cockeys	
	Mother's Maiden Name	Marriet - Coker			Mother's Birthplace	Cockeys	
Name of person giving information	Marriet - Coker			How related to deceased	Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Malignant. Tonillitis			How long	sick 7 days	
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	H. B. Jordan, M.D.	
					Address	Liberty Grove, Ind.	
Accident or Suicide?							



Name
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Full

CERTIFICATE OF DEATH

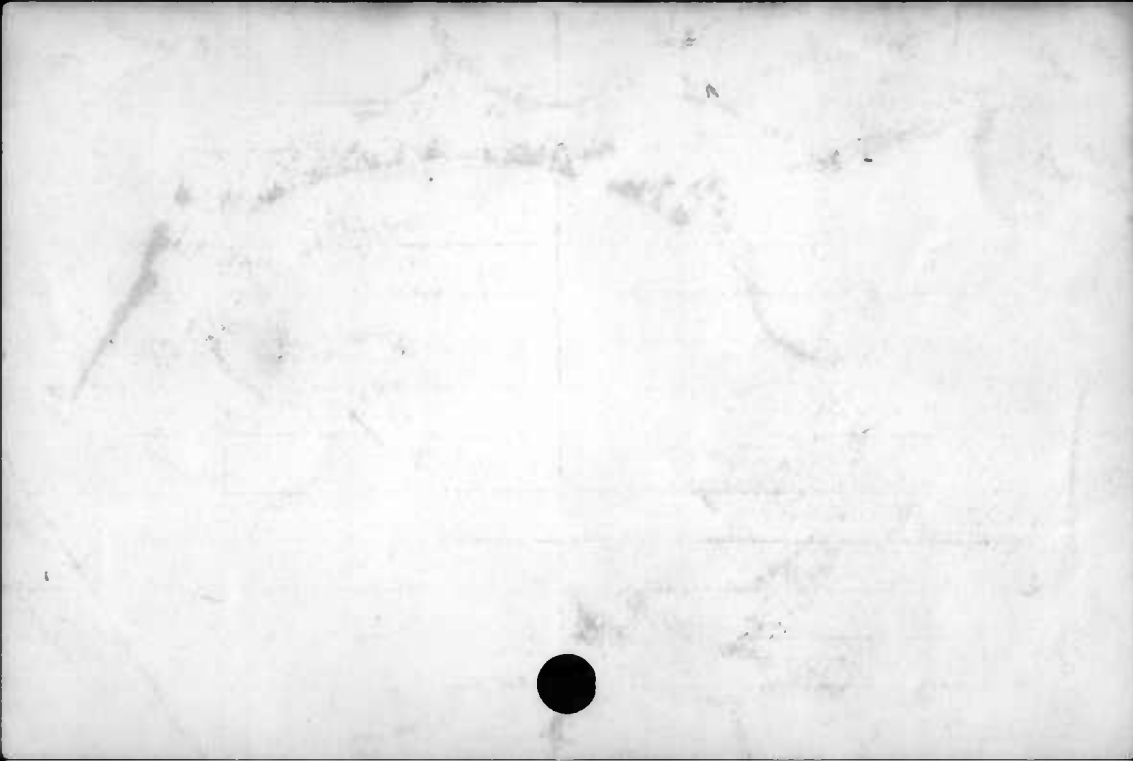
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Cooper</i>		Town <i>Earlville</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Nea</i>		Month <i>9</i>		Day <i>20</i>		Age <i>82</i>	
Date of death <i>1905</i>		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Cecil Co Md</i>	
Occupation <i>House Wife</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Benjamin Cooper</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name <i>Rosa Freeman</i>		Mother's Birthplace					
Name of person giving information <i>Christopher Cooper</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>19</i>	
Immediate <i>Cardiac Asthma</i>		How long <i>Indeterminate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm Block</i>	
		Address <i>Cecil Co Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Isaac Durbin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Calvert

Town

Cecil

County

Date of death 1905

Month 9

Day 21

Age

Years 72

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Schoemaker

Where Residing if not
at place of death

At Calvert

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation

H. L. Stubbs

Father's
BirthplaceMother's
BirthplaceHow related
to deceased

Not Any

CAUSES OF DEATH

Primary

Cystitis

How long

attended
about two weeks

Immediate

Gen. Debility & Kidney dis.

How long

continued

Are the name, age, sex, color, date
and place correctly given above?

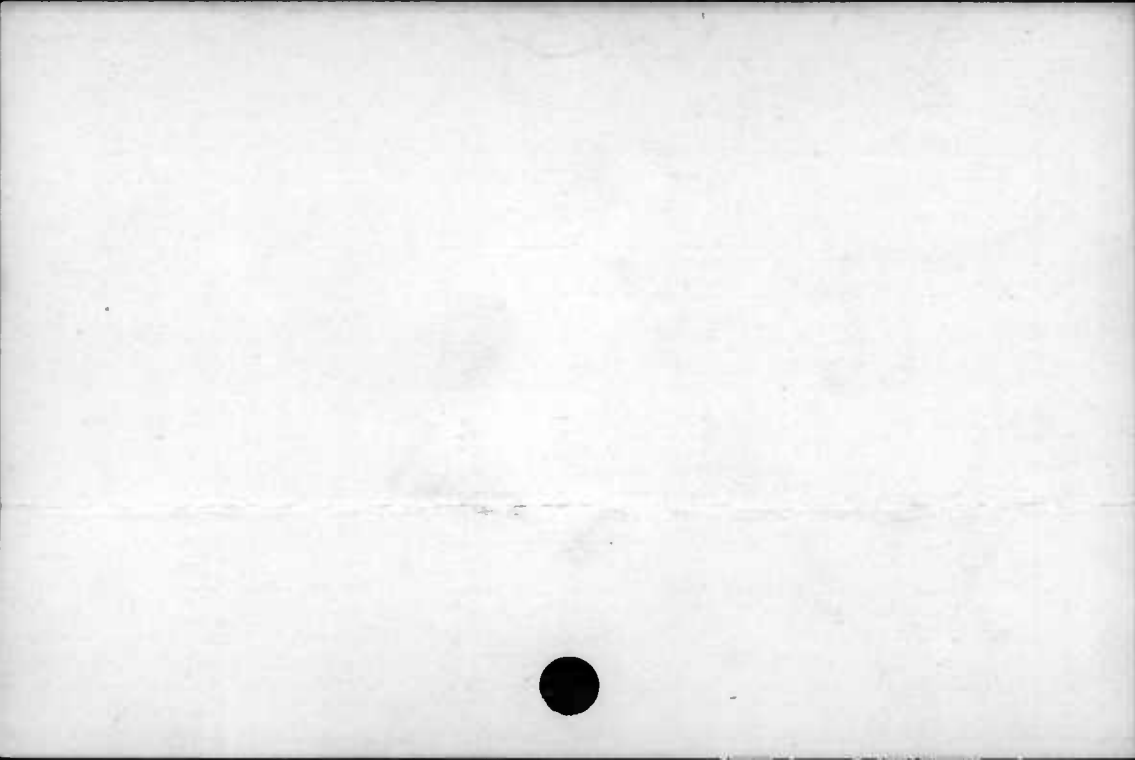
yes

Signature of
Physician

Address

John F. Rose M.D.
Oxford Pa

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Baby Exley
Elcton *Cecil*

Date

of death 1905

Month

Sept

Day

29

Age

Years

Months

Days

13

Sex

Female

Color or
Race

white

Birth-
place

Elcton

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

S

Name of Wife or
Husband

Father's
Name

Wm Exley

Father's
Birthplace

Pa

Mother's
Maiden Name

Ida J Wallace

Mother's
Birthplace

md

Name of person giving
In formation

Wm Exley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inanition

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

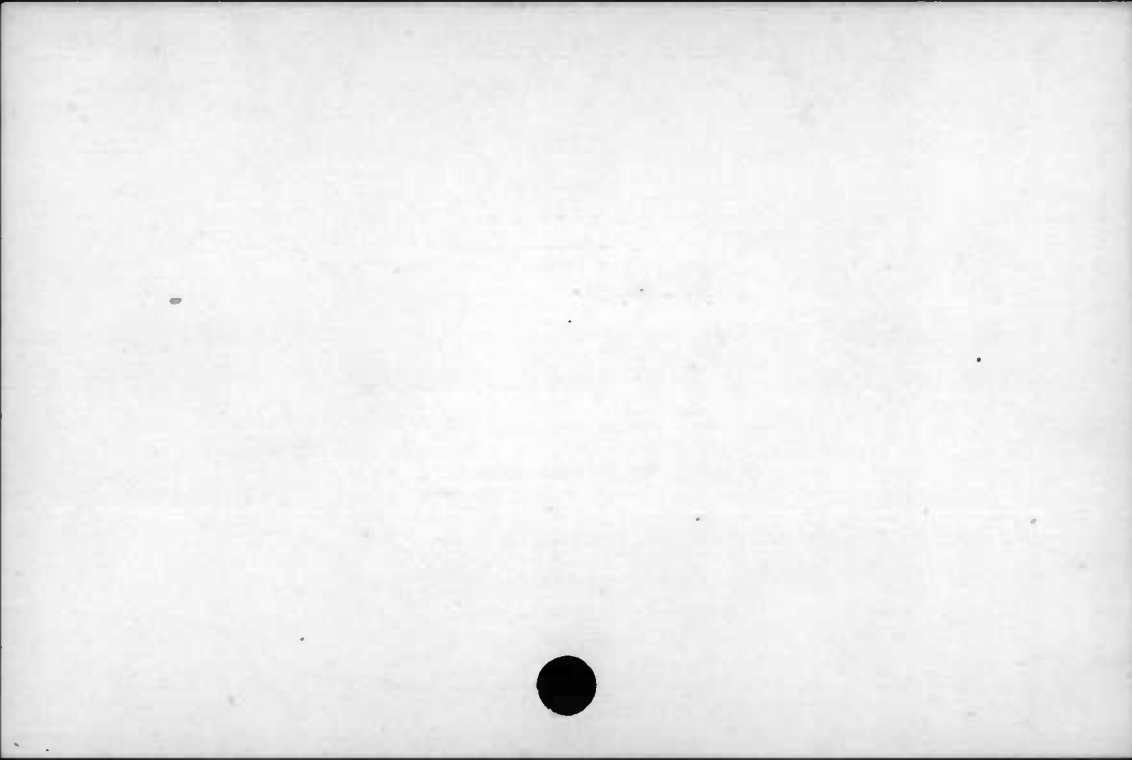
Wm D. Lawley

Address

Elcton

Accident or Suicide?

md.



Name
in
FullCharles Emory Moore Felpel ^{Robert}

CERTIFICATE OF DEATH

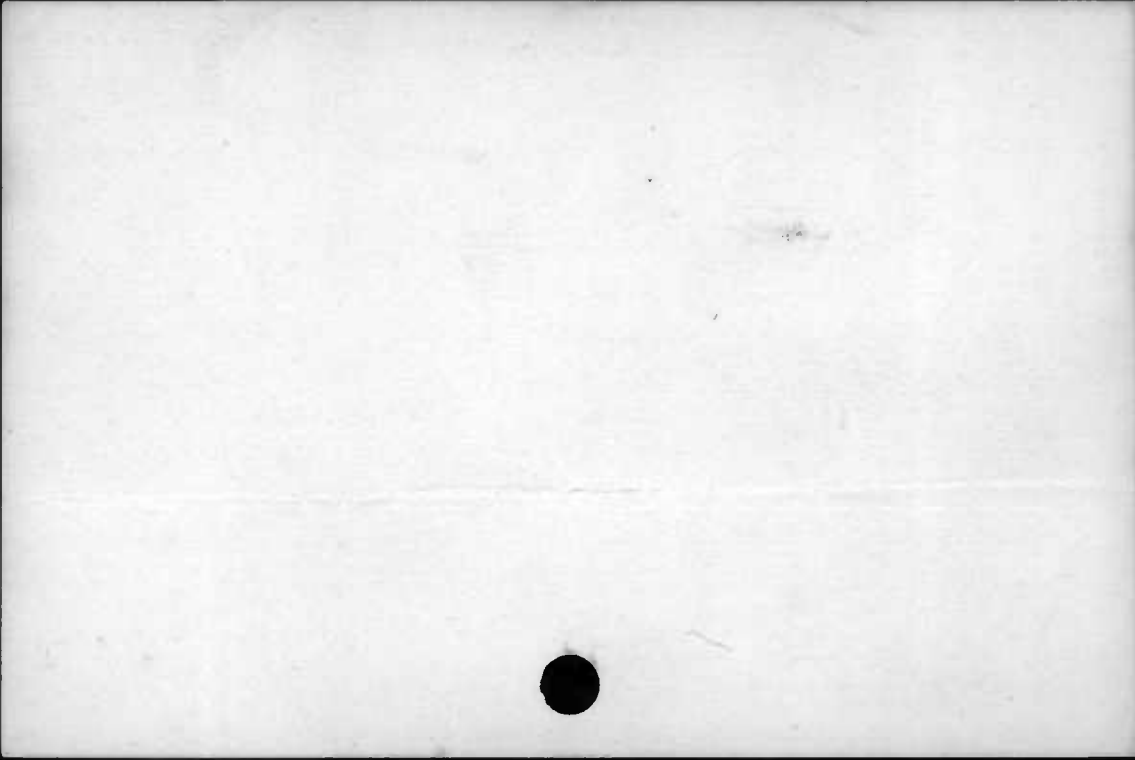
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Colona</u> ^{Town}		<u>Lees</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>Sept</u> ^{Day} <u>23</u> ^{Years} <u>13</u>		Months		Days <u>16</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Lees Co Md</u>	
Occupation <u>School boy</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Wm P Felpel</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Catharine McErgian</u>		Mother's Birthplace <u>Lees Co Pa</u>			
Name of person giving information <u>Catharine Felpel</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accident fracture of Skull</u>		How long <u>Lived 5 hours</u>	
Immediate <u>Shock and hemorrhage.</u>		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Ernest Rowland</u>	
Accident. (Run away horse)		Address <u>Liberty Groves Md.</u>	
Accident or Suicide?			



Name in Full

Certificate of Death

Samuel E. Fisher

Town

County

MARYLAND

Died at Perryville

Becil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 05 Sept. 16

Age

16-11

Perryville Switchman

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Saml. E. Fisher

Maiden Name

Ella Porter

Cause of

Primary

Killed by train on

How long sick

Death

Immediate

Columbia & P. D. Rail Road

Accident, ~~suicide~~, ~~homicide~~

Reported by

Ricketta Nelson, Coroner

Address

Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name
in
Full

Caroline Garnett

CERTIFICATE OF DEATH

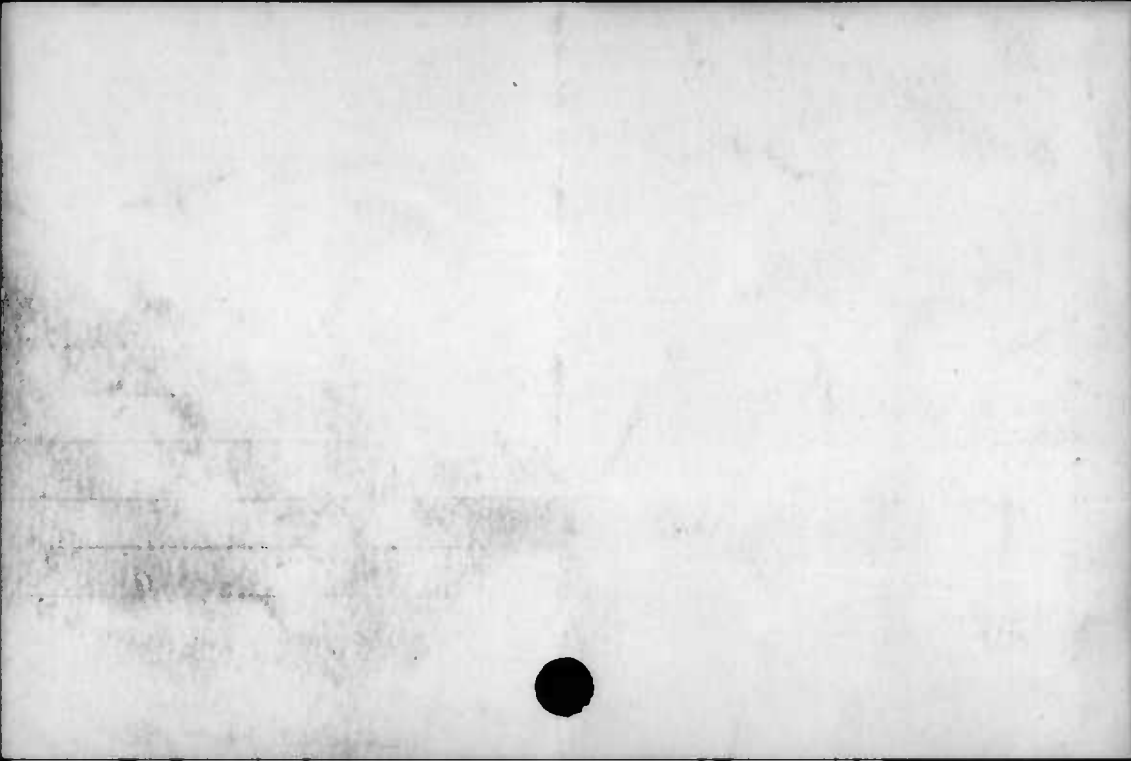
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Leellott</i> Town		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>25</i>	Years <i>87</i>	Months <i>2</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>African</i>	Birth-place <i>Cecil County</i>			
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>near Freeman's mill</i>				
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of Wife Husband <i>Wm. T. Garnett</i>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilatation of Heart due to age</i>	How long <i>2 years</i>
Immediate <i>Dropsy</i>	How long <i>5 or 6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Crawford</i>
	Address <i>Leellott Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Matilda George</i>		Town <i>Elk Neck</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Elk Neck</i>		Month <i>9</i>		Day <i>26</i>		Years <i>80</i>	
Date of death <i>1905</i>		Months <i>11</i>		Days <i>11</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Blackbird del</i>			
Occupation <i>Housekeeping</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband					
Father's Name <i>Peter Weatherall</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Matilda Weatherall</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Harry W. George</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>several yrs</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Cropper, M.D.</i>	
		Address <i>Elkton, Md.</i>	
Accident or Suicide? <i>—</i>			

Wesley Chapel,
Elk Neck, Md.

Name
in
Full

Walter Gifford

CERTIFICATE OF DEATH

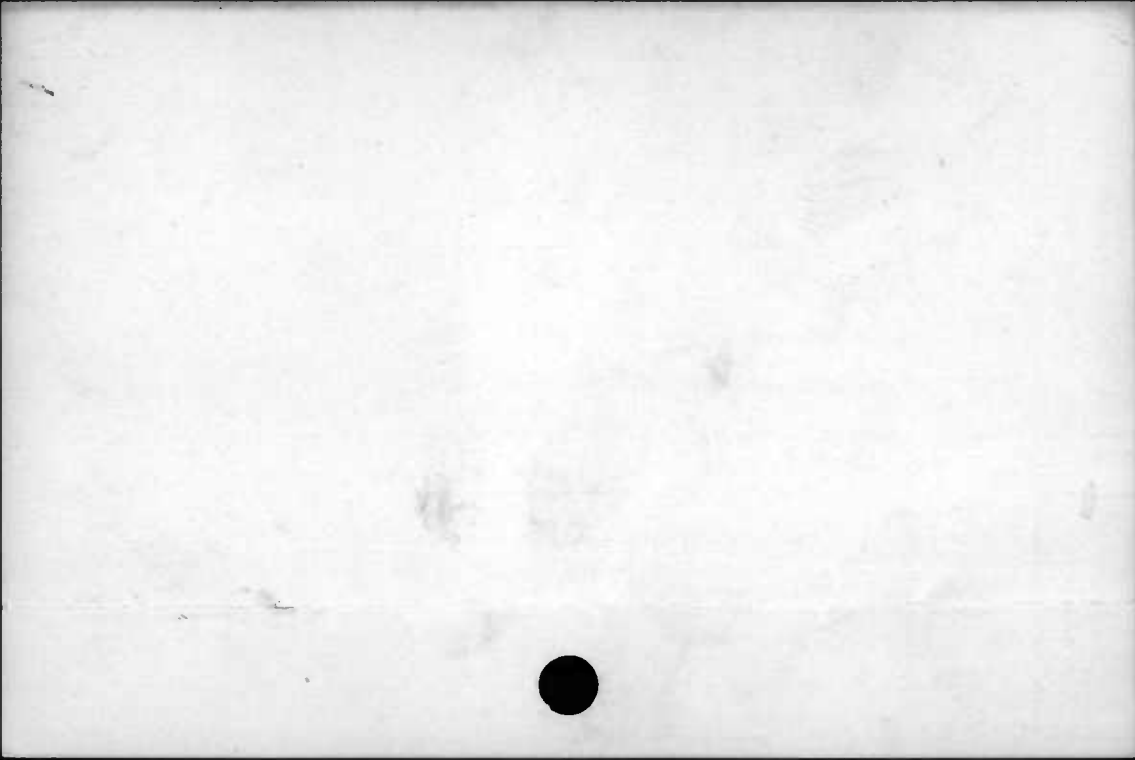
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown</i> Town		County <i>Lees</i>		MARYLAND	
Date of death <i>1905 Sep 23</i>		Month <i>23</i>	Day <i>23</i>	Age <i>21</i>	Months <i>11</i> Days <i>2nd</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Brown Md</i>			
Occupation <i>Student</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Sallie R Gifford</i>				
Father's Name <i>David L Gifford</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Sallie R Greer</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>D L Gifford</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phenacetin</i>	How long <i>4 days</i>
Immediate <i>Violent heart trouble</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D L Gifford</i>
	Address <i>Green</i>
Accident or Suicide? <i>md</i>	



Name
in
Full

W. Henry Hathaway

80th Dist

CERTIFICATE OF DEATH

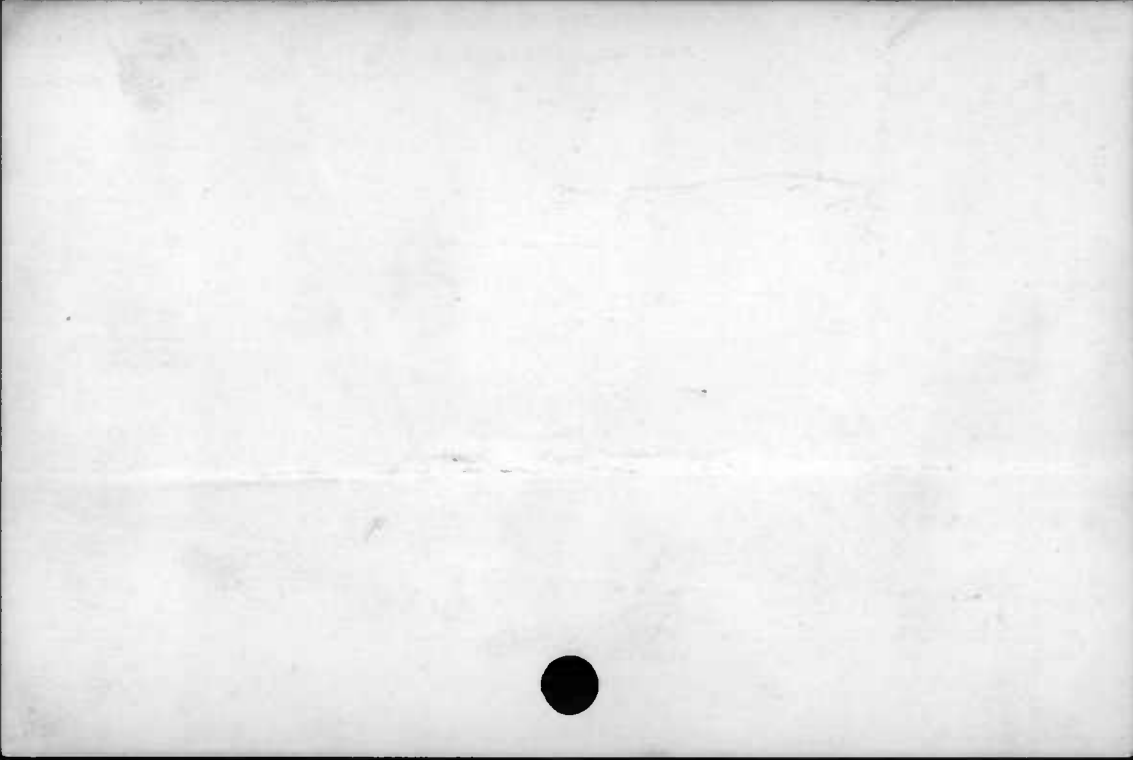
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Oakwood		Beale Co		County		Md		MARYLAND	
Date of death		1905		Sept		4		Age		79	
Sex		Male		Color or Race		White		Birth-place		Brandywine Del	
Occupation						Where Residing if not at place of death					
Cooper											
Married, Single or Widowed				Name of Wife or Husband							
Married				Widower							
Father's Name				Jerrey Porthouse				Father's Birthplace			
								Vermont			
Mother's Maiden Name				Sarah Barnes				Mother's Birthplace			
								Md			
Name of person giving information				Sarah Hathaway				How related to deceased			
								Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paralysis		How long		2 wks.	
Immediate		Paralysis of Heart		How long			
Are the name, age, sex, color, date and place correctly given above?				yes			
Signature of Physician				D. M. Royall			
Address				Conowingo Md.			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cherry Hill*

Town

Beal

County

Date of death *1905 Sept 10*

Month

Day

Age *52*

Years

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Pa*Occupation *House work*Where Residing if not
at place of deathMarried, Single
or Widowed *Widowed*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*Geo Hedrick*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Lymphoid Tumor

How long

3 weeks

Immediate

Cardiac Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*C. P. Carrico M.D.,
Cherry Hill,
Md.*

Accident or Suicide?

122

Name
in
Full

CERTIFICATE OF DEATH

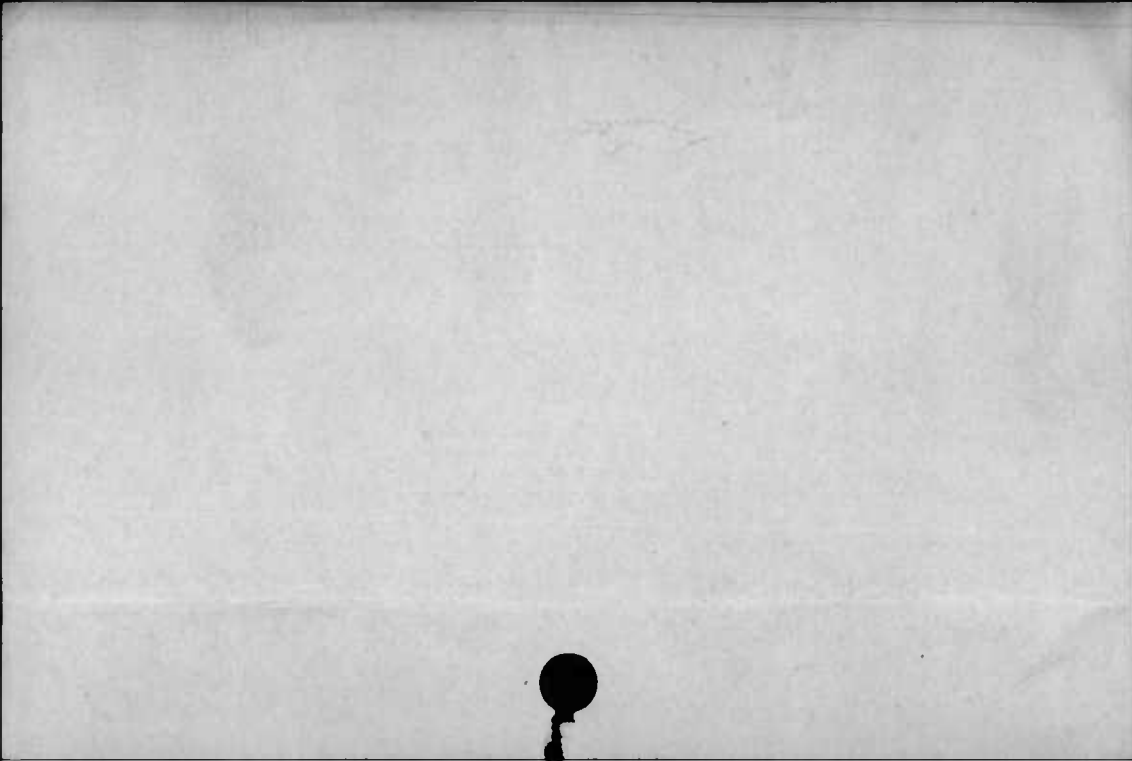
TO BE ANSWERED BY
NEAREST FRIEND

Name Emiline Hyland, Color,		County Cecil		MARYLAND	
Died at Elk Neck		Town		County	
Date of death	190	Month Sept-	Day 20	Age 1	Years 8
Sex Female	Color or Race Colored		Birth- place Cecil Co		
Occupation None		Where Residing If not at place of death Elk Neck Cecil Co			
Married, Single or Widowed Single		Name of Wife or Husband Neither			
Father's Name No Father		Father's Birthplace			
Mother's Maiden Name Bertha Hyland		Mother's Birthplace Not Known			
Name of person giving In formation Werner Hyland		How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	10 weeks
Immediate	"	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address Theoc. A. Worrall	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Johnson</i>		Town <i>Rowlandville</i>		County <i>Cecil</i>		MARYLAND							
Died at		Date of death <i>1905</i>		Month <i>9</i>		Day <i>7</i>		Years <i>48</i>		Months		Days	
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>Virginia</i>									
Occupation <i>Quarry Man</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Annie Howard</i>											
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>											
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>											
Name of person giving information <i>Lemuel Johnson</i>		How related to deceased <i>Son</i>											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>		How long <i>3 years</i>	
Immediate <i>Tuberculosis</i>		How long <i>27</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Payne</i>	
		Address <i>Conowingo Md.</i>	
Accident or Suicide?			

Salisbury H. C. —

Name
in
Full

Letitia Kearney

CERTIFICATE OF DEATH

MARYLAND

Died at Rising Sun

Town

County

Cecil

Date

of death

1905

Month

9

Day

15

Age

Years

87

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

None

Where Residing if not
at place of death

Harrisville

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Robert Kearney (deceased)

Father's
NameFather's
Birthplace

Ireland

Mother's
Maiden NameMother's
Birthplace

do

Name of person giving
information

W J Kearney

How related
to deceased

Son

CAUSES OF DEATH

Primary

General debility

How long

3 months

Immediate

Heart Failure

How long

two hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. Geo. S. Davis

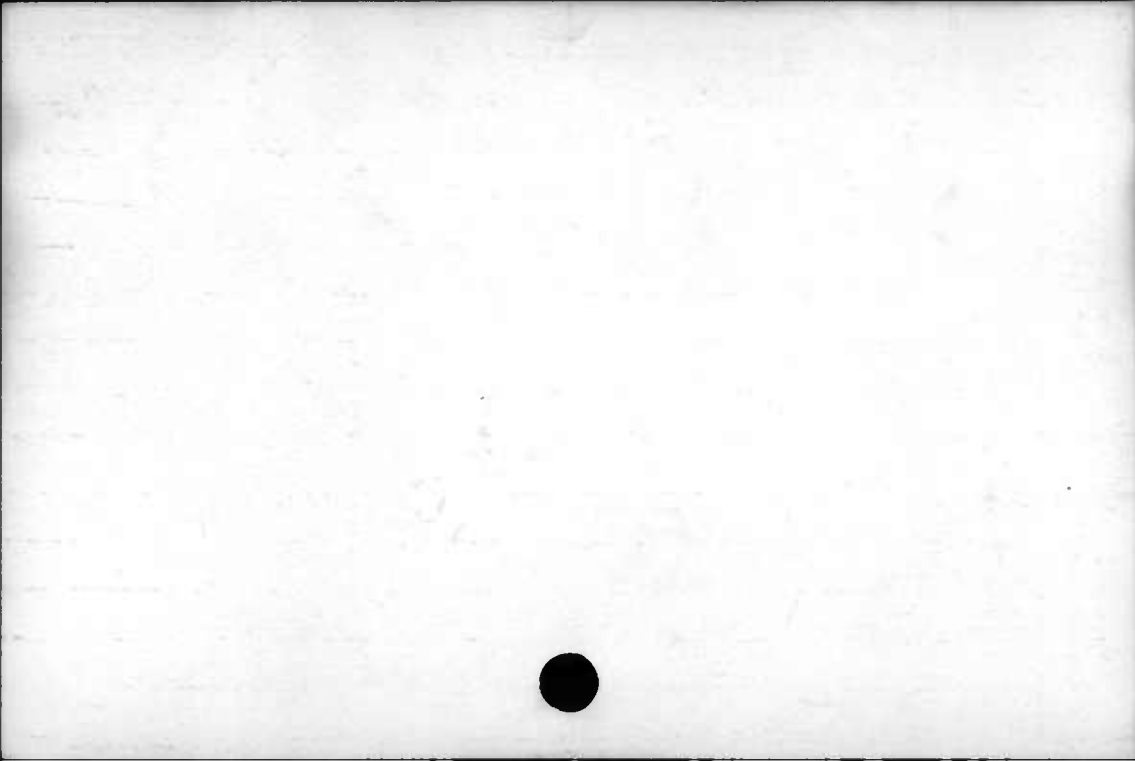
Address

Rising Sun
Maryland

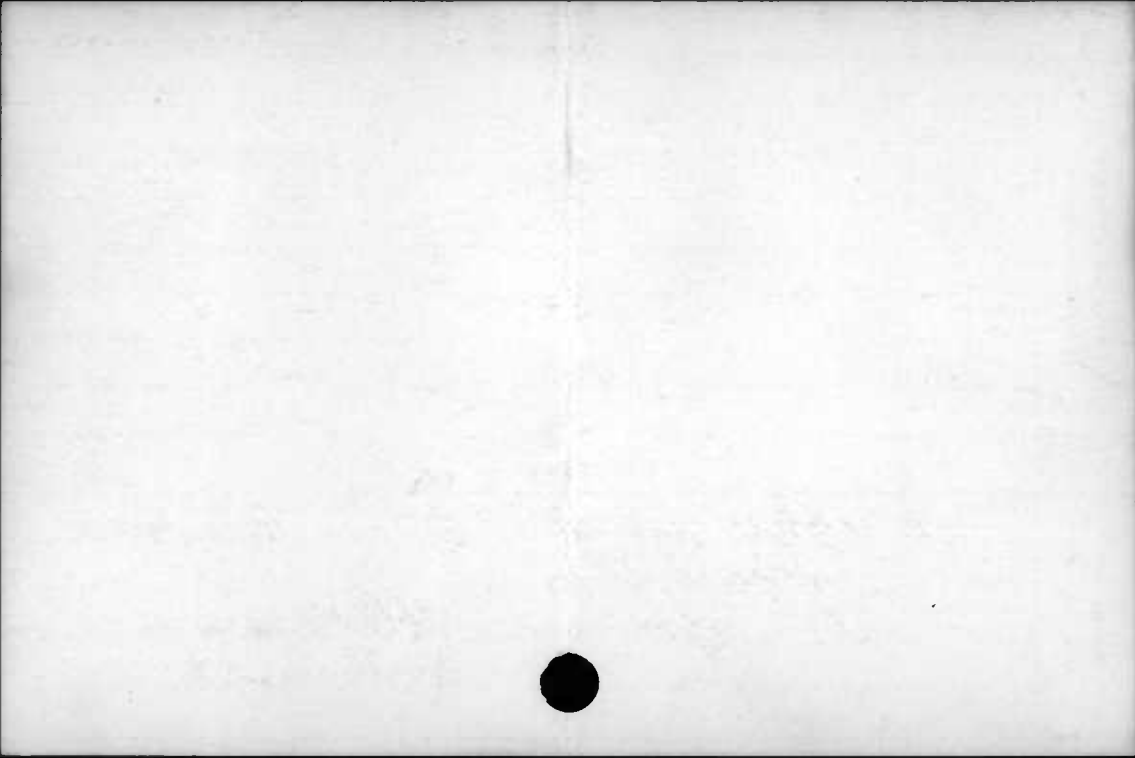
Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cecil		MARYLAND			
	Date of death		Month	Day	Years	Months	Days	
	1905		Sept	25	80			
	Sex		Color or Race		Birth-place			
	Male		Colored		Cecil Co			
	Occupation		Where Residing If not at place of death					
	Married, Single or Widowed		Name of Wife or Husband					
	Married		Isabel Litch					
PHYSICIAN OR CORONER	Father's Name		Father's Birthplace					
	Mother's Maiden Name		Mother's Birthplace					
	Name of person giving information		How related to deceased					
	Isabel Litch		Wife					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Old-Age			How long		
			(54)					
	Immediate		Inanition			How long		
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		
						H. E. Brown		
					Address			
					North East.			
Accident or Suicide?								



Elizabeth A. Mahoney

Town

County

Died at

Mechanics Valley

Cecil

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

9001

Sept 16

Age

65.6 4

Cecil Co

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

4

~~Husband~~

of

Wife

Hunter Mahoney

Father's

Mother's

Name

Name

Cause of

Primary

Biliary Remittent Fever

How long sick

3 mos

Death

Immediate

General Debility

~~Accident, Suicide, Homicide~~

Reported by

Geo S. Rittenhouse M.D.

Address

North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lottie Meleske

64 Dost

CERTIFICATE OF DEATH

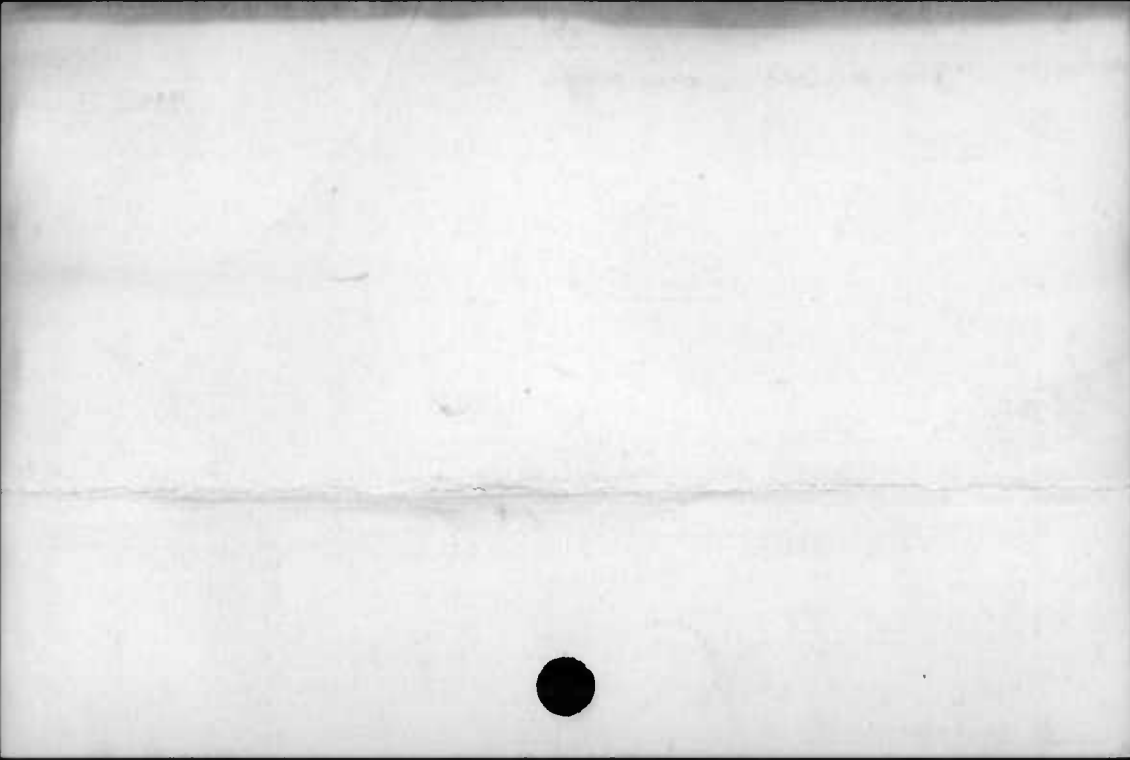
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Colera</u> Town		<u>Leese</u> County		MARYLAND	
Date of death	1905	Month	Sept	Day	28
Age		Years		Months	6
Sex	female	Color or Race	white	Birth-place	Mississippi
Occupation	Mine (Infant)	Where Residing if not at place of death		home in Baltimore	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Walter Meleske			Father's Birthplace	Germany
Mother's Maiden Name	Celina Brukiewa			Mother's Birthplace	Germany
Name of person giving information	Walter Meleske			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Indigestion</u>	How long	<u>3 hours</u>
Immediate	<u>colic</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo. D. Dost</u>
		Address	<u>Rising Sun</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Martha J. Michener,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Colona* - TownCounty *Leed*Date
of death *1905*Month *9*Day *29*Age *72*

Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place

Occupation

Where Residing if not
at place of death*Colona, Md.*Married, Single
~~or Widowed~~*Married*Name of Wife or
Husband*Carry J. Michener*Father's
Name*John Reynolds*Father's
BirthplaceMother's
Maiden Name*I*Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

*Paralytic dementia**(67)*

How long

6 mo

Immediate

Exhaustion

How long

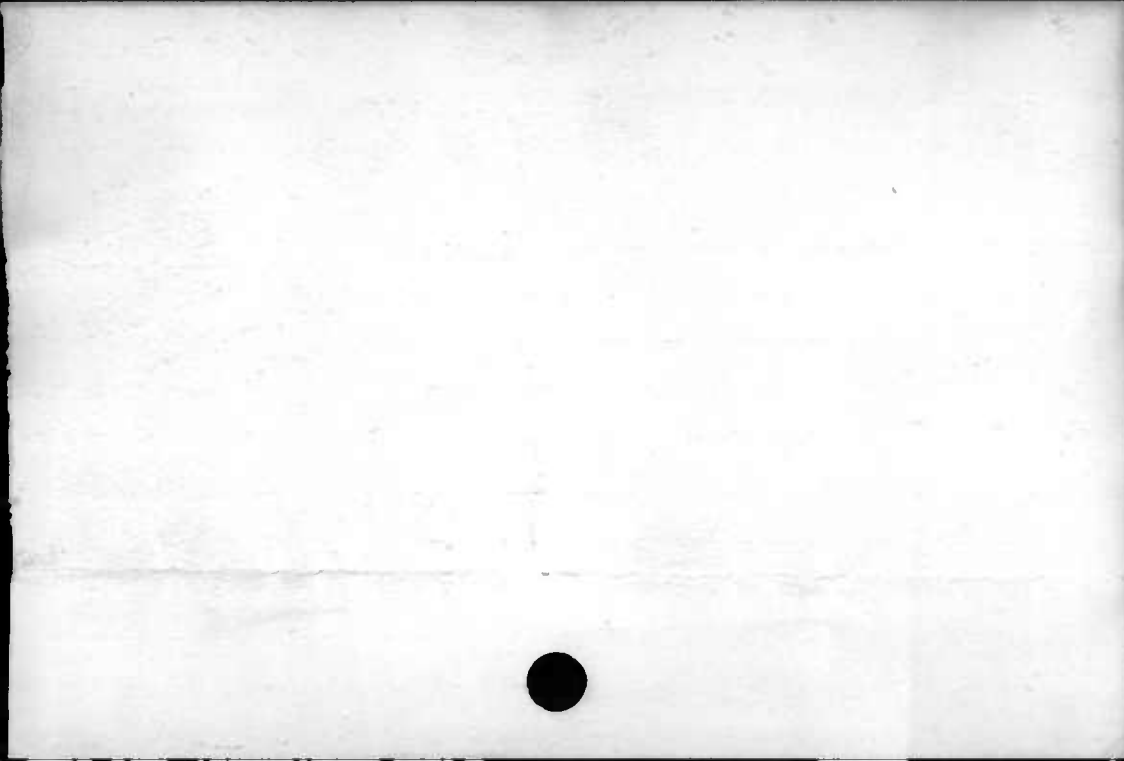
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Ernest Rowland*

Address

*Liberty Grove**Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Phoebe Moore

Town

County

Died at

Elkton

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

Sept

9

Age

51 years

Cecil Co.

Servant

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

five

Husband

of

Daniel Moore

Wife

Father's

Name

Joseph Scott

Mother's

Maiden Name

Eliza Scott

Cause of

Primary

Death

Immediate

Apoplexy

How long sick

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Ricketts Nelson, Coroner of Cecil

Address

County, Md.

Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> ^{Town} <i>Beile</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i> ^{Month} <i>Sept</i> ^{Day} <i>10</i> ^{Years}	Age <i>8</i>	Months	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Charleston</i>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>C. H. Murphy</i>		Father's Birthplace <i>Charleston</i>	
Mother's Maiden Name <i>Bertha M. C. Quirk</i>		Mother's Birthplace <i>North East Ind.</i>	
Name of person giving information <i>John</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Jaundice</i> <i>(15)</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Quirk</i>
	Address <i>North - Rome</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

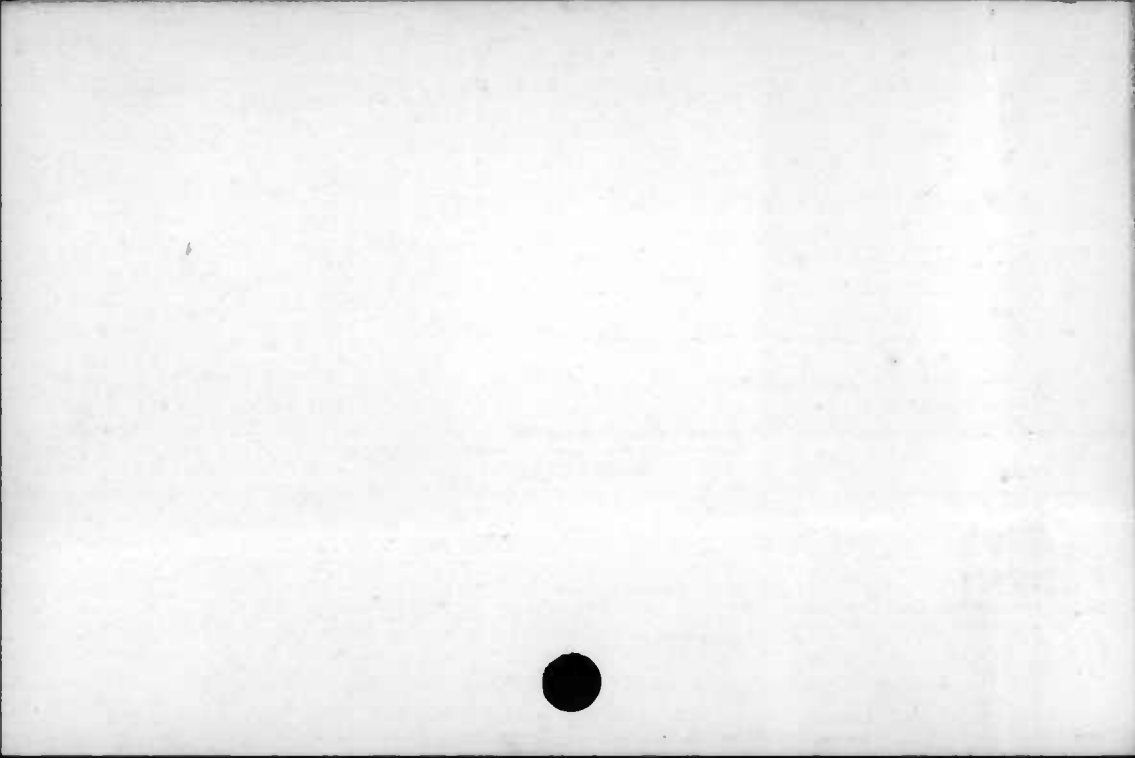
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>North East</i>		County <i>Lucas</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>6</i>	Age <i>Suburban</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>North East</i>					
Occupation <i>Dufant</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Annie Rant</i>						
Father's Name <i>Adam Rant</i>				Father's Birthplace <i>La</i>			
Mother's Maiden Name <i>Annie Frisley S.</i>				Mother's Birthplace <i>Elk neck</i>			
Name of person giving information <i>Adam Rant</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Suburban S.</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>D. Z. Gaffard</i>
		Address <i>Grack</i>
		<i>md</i>
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> Town		<i>Rankin</i> County		MARYLAND	
Date of death <i>1903</i> Month <i>Sept</i> Day <i>9th</i> Age <i>3</i> Years		Months		Days	
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>North East</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Annie Rankin</i>				
Father's Name <i>Adam Rankin</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Annie Trusky</i>	Mother's Birthplace <i>Elk Neck</i>				
Name of person giving information <i>Adam Rankin</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Cyanosis</i>	How long <i>3 days</i>
Immediate <i>Cyanosis</i>	How long <i>3 days</i>

PHYSICIAN
OR CORONER

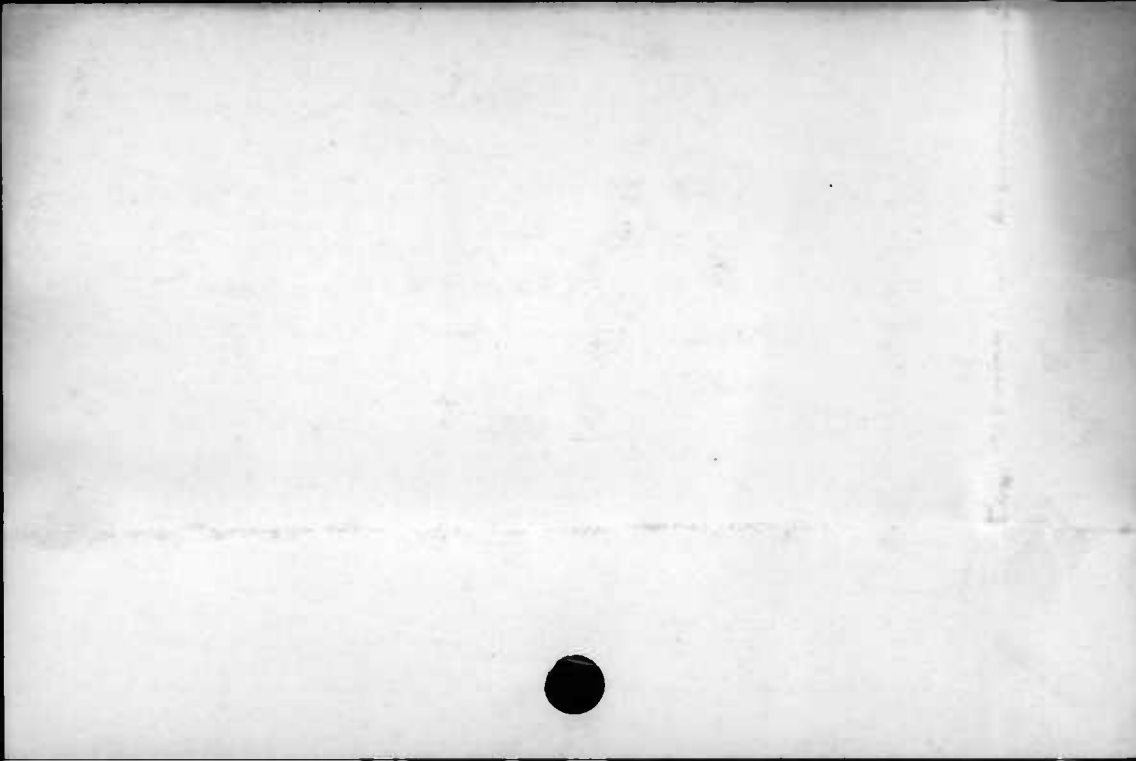
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Georgiana Rice

at birth

CERTIFICATE OF DEATH

Died at Rowlandville Cecil County

MARYLAND

Date of death 1905 Sept. 12 Age 46 Years 1839 Months Days

Sex female Color or Race Colored Birthplace Harford Co.

Occupation household duties Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Samuel B. Rice

Father's Name George Washington (18) Father's Birthplace Harford

Mother's Maiden Name Cassie Archie Mother's Birthplace +

Name of person giving information Samuel B. Rice How related to deceased Husband

CAUSES OF DEATH

Primary Mania (Insanity) Cause Ovarian & Menstrual irregularities How long
Immediate - Exhaustion How long one month

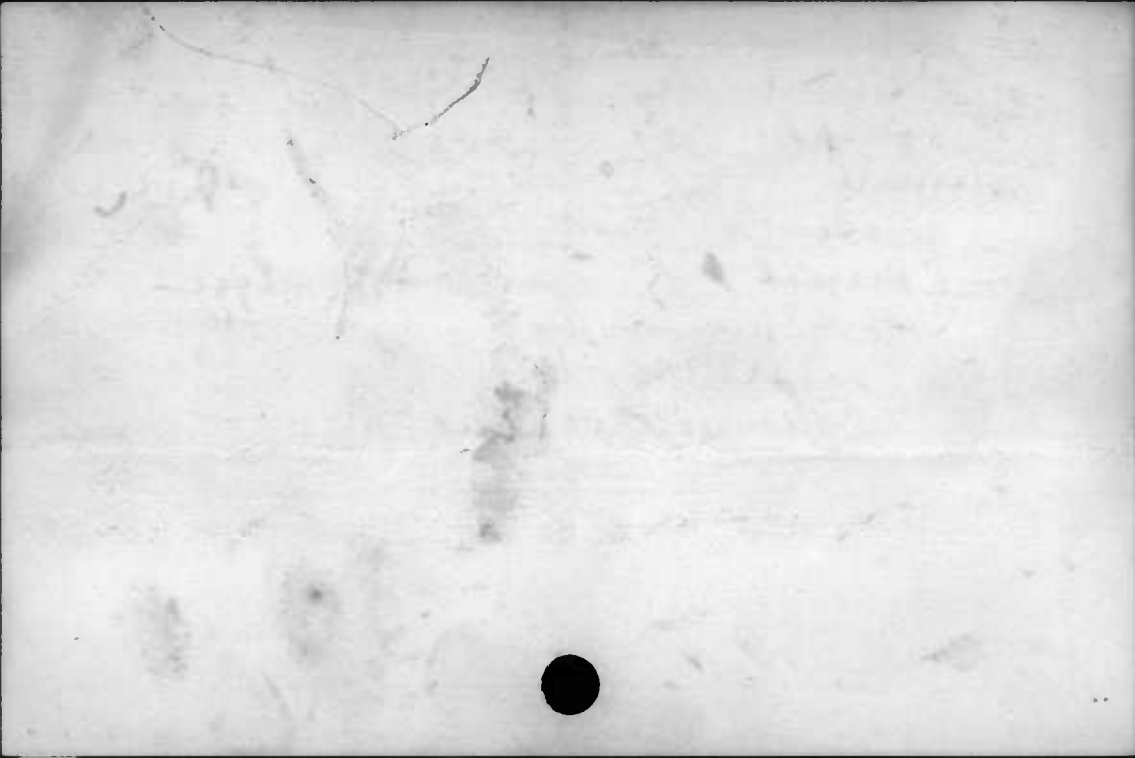
Are the name, age, sex, color, date and place correctly given above? YES

Signature of Physician Ernest Rowland

Address Liberty Groove Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas Rice

CERTIFICATE OF DEATH

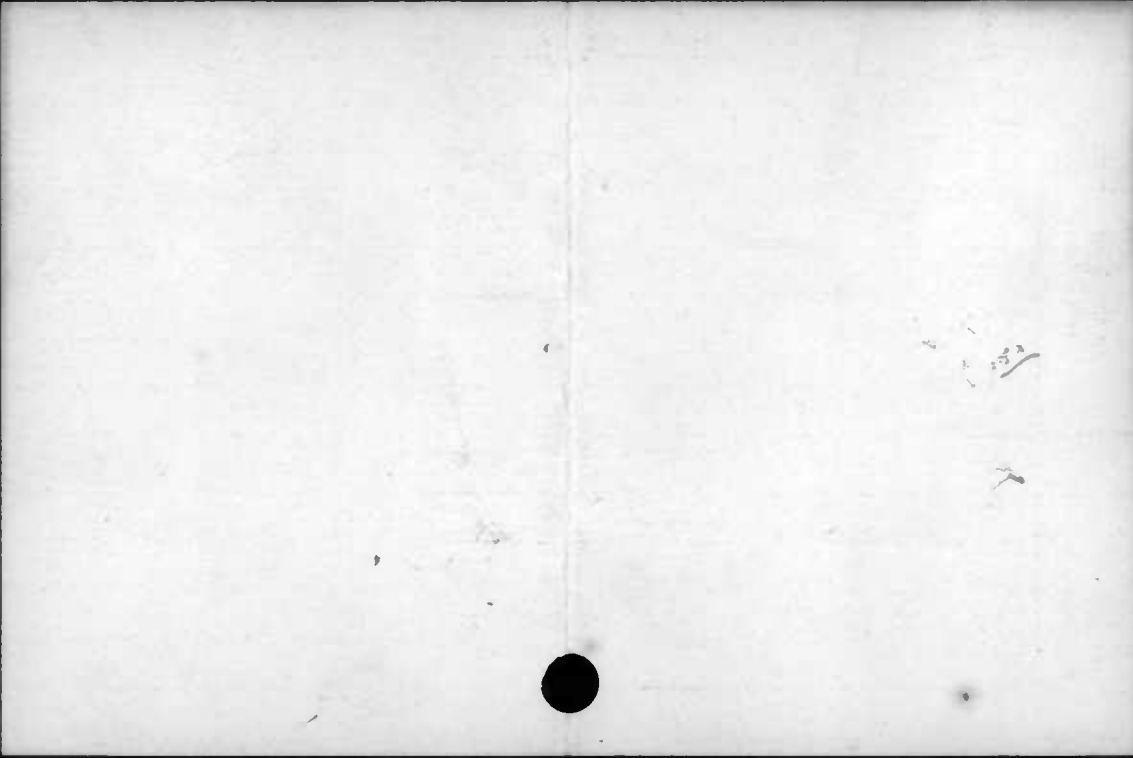
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Principis Furnace		County Cecil		MARYLAND	
Date of death		Month Sept		Day 16		Years 65	
Sex Male		Color or Race White		Birth- place Pa		Months —	
Occupation Teamster		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Margaret Rice					
Father's Name Samuel Rice		Father's Birthplace —					
Mother's Maiden Name Susie		Mother's Birthplace —					
Name of person giving In formation Margaret Rice		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease	How long	One year
Immediate	Inanition	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. E. Brown	
Address		North East.	
Accident or Suicide?		—	



Name
in
Full

Henry Rowan

CERTIFICATE OF DEATH

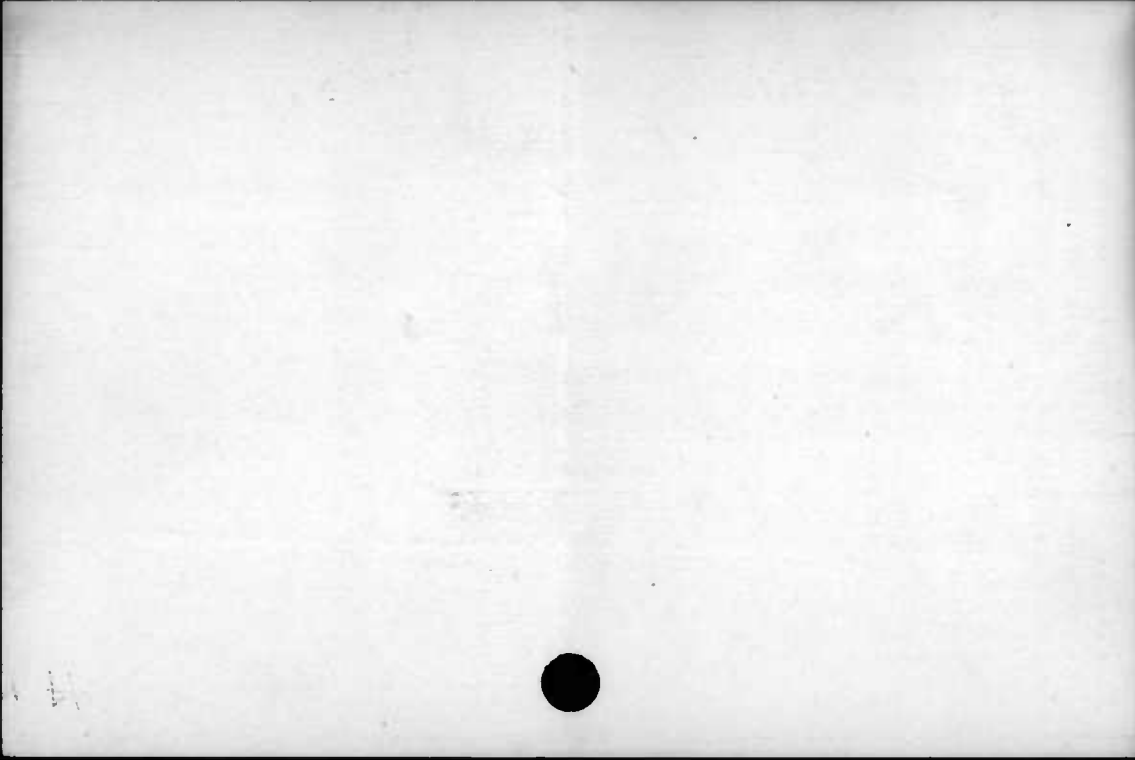
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Earleville</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>9</i> <small>Day</small> <i>1</i>		Age <i>36</i> <small>Years</small>		<small>Months</small> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Clara Rowan</i>			
Father's Name <i>William P. Rowan</i>		Father's Birthplace <i>Del.</i>			
Mother's Maiden Name <i>Jennie E. Cavender</i>		Mother's Birthplace <i>Del.</i>			
Name of person giving information <i>J. C. Rowan</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>about one year</i>
Immediate <i>apoplexy</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. M. Black</i>
	Address <i>Cecil Co. Md</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

Miriam H Russell

CERTIFICATE OF DEATH

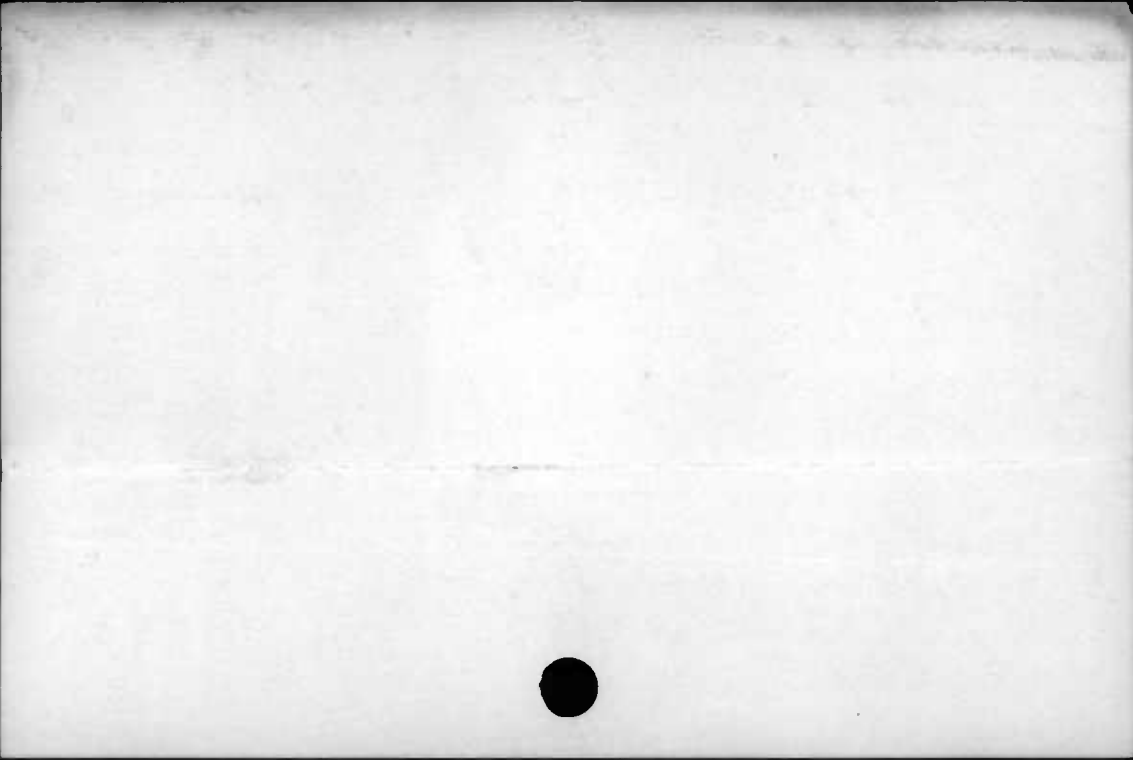
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Meadow View</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>74</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Calvert Co Md</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Edward J Russell Deceased</i>				
Father's Name <i>Daniel Blendenieri</i>	Father's Birthplace <i>Calvert Co</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Miriam Ewing</i>	Name of person giving information <i>Robert Russell</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Myocarditis</i>	How long <i>For a number</i>
Immediate <i>Exhaustion</i>	How long <i>of years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Howard</i>
	Address <i>Liberty Groves, Md.</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Thomas Sanders

CERTIFICATE OF DEATH

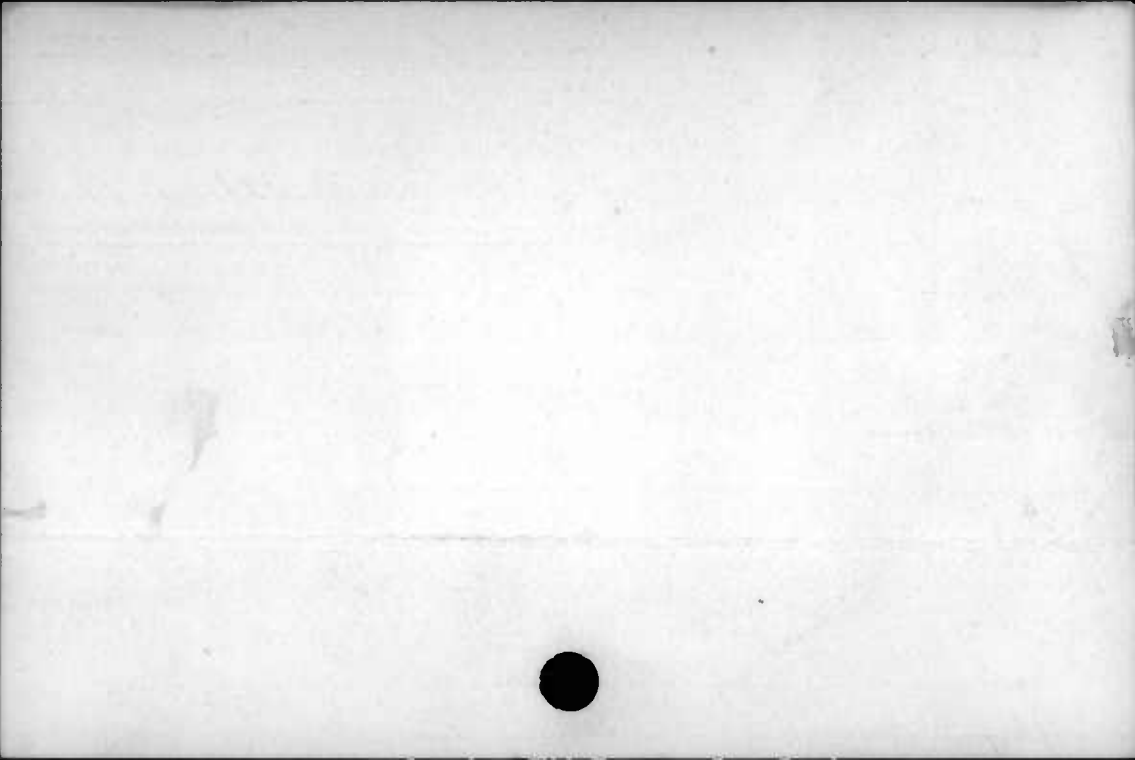
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk neck</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>9</i>	Day <i>20</i>	Age <i>52</i>	Years —
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Elk neck</i>		
Occupation <i>Laber</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>James Sanders</i>	Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>Maria Ford</i>	Mother's Birthplace <i>Elk neck</i>				
Name of person giving information <i>Joseph Ford</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(2)</i>	How long <i>1 Year</i>
Immediate <i>Pulmonary Tuberculosis</i>		How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. S. Pittmanhouse</i>	Address <i>North East Md</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Alice Doble Stubbs

CERTIFICATE OF DEATH

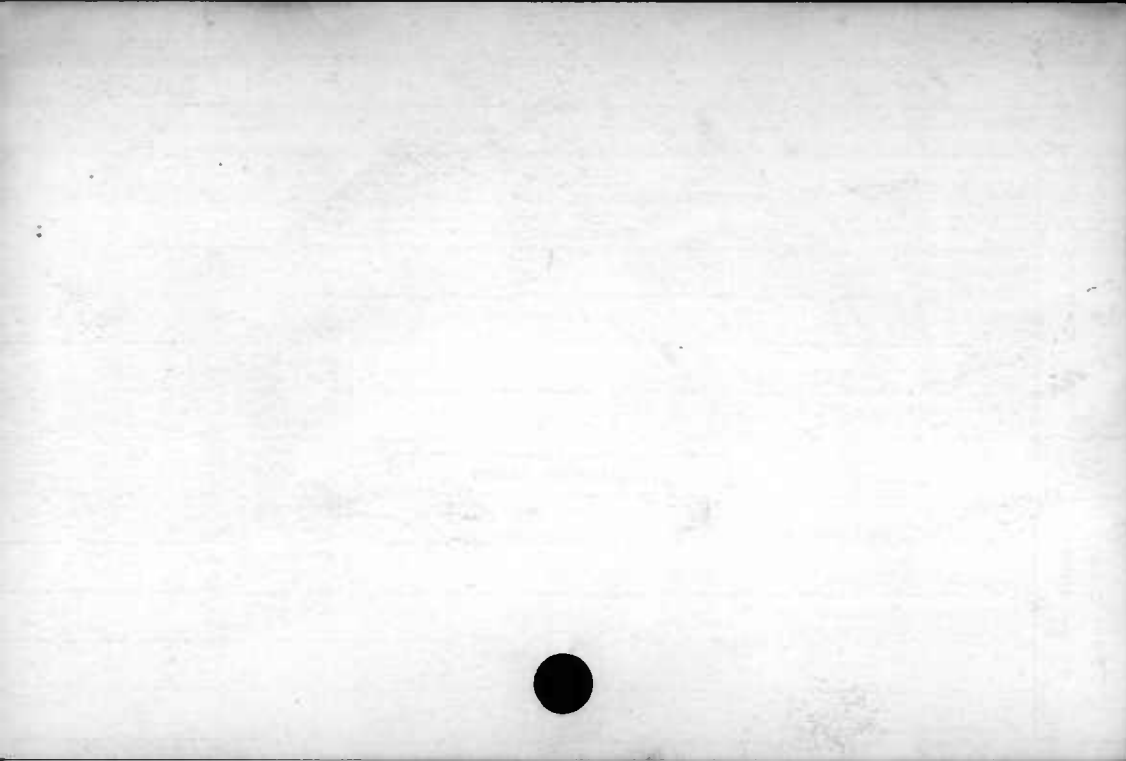
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chesapeake City</i>		^{County} <i>Cecil</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>Sept</i>	^{Day} <i>30</i>	^{Years} <i>2</i>	^{Months} <i>1</i> ^{Days} <i>28</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Infant</i>		Where Residing if not at place of death	<i>St Augustine</i>	
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband	<i>X</i>	
Father's Name	<i>William A Stubbs</i>			Father's Birthplace	<i>Ches. City</i>
Mother's Maiden Name	<i>Fannie G. Boulden</i>			Mother's Birthplace	<i>Ches. City</i>
Name of person giving information	<i>J. A. Boulden</i>			How related to deceased	<i>Grandfather</i>

CAUSES OF DEATH

Primary	<i>Cerebral Meningitis</i>	How long	<i>24 hours from history</i>
Immediate	<i>Convulsions</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm E Karsner M.D.</i>
		Address	<i>Chesapeake City Md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name

in
Full

William Roman West

5th Dist

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rowlandville</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>9-25-1905</u>	Month <u>9</u>	Day <u>25</u>	Years <u>14</u>	Months <u>0</u>	Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Liberty Groc Md</u>		
Occupation <u>none</u>			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>William Trego West</u>			Father's Birthplace <u>Rowlandville Md</u>		
Mother's Maiden Name <u>Jan Elizabeth Bradley</u>			Mother's Birthplace <u>Penna</u>		
Name of person giving information <u>Wm Trego West</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Accident, Fall from a tree</u>	How long _____
Immediate	<u>Fracture of left thigh & vertebra</u>	How long <u>about 24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>S. T Roman</u>
		Address <u>Conowingo Md</u>
Accident or Suicide? <u>Accident</u>		

